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PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing
OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	8094-PA01
First Named Inventor	Alan D. Adamson
COMPLETE IF KNOWN	
Application Number	Unknown
Filing Date	Herewith
Group Art Unit	Unknown
Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Cordless Phone Apparatus

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name Katherine Proctor

Address Brown, Martin, Haller & McClain, LLP

Address 1660 Union Street

City San Diego

State CA

ZIP 92101-2926

Country U.S.A.

Telephone (619) 238-0999

Fax (619) 238-0062

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Alan D.
(first and middle (if any))Family Name Adamson
or SurnameInventor's
Signature *Alan Adamson*

Date 1/4/02

Residence: City San Diego

State CA

Country U.S.A.

Citizenship U.S.A.

Mailing Address 10477 Hermanos Road

Mailing Address

City San Diego

State California

ZIP 92124

Country U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Robert M.
(first and middle (if any))Family Name Davidson
or SurnameInventor's
Signature *Robert M. Davidson*

Date 1/4/02

Residence: City Santee

State CA

Country U.S.A.

Citizenship U.S.A.

Mailing Address 10634 Felix Drive

Mailing Address

City Santee

State California

ZIP 92071

Country U.S.A.

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

10039681-010402

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PTO/SB/02A (11-00)

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John I.		Turner	
Inventor's Signature		Date 1/1/02	
Residence: City	San Diego	State	CA
		Country	U.S.A.
Citizenship U.S.A.			
Mailing Address 5830 La Morada Court			
Mailing Address			
City	San Diego	State	CA
		ZIP	92124
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	

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204070-1895007

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PTO/SB/81 (10-00)


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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Alan D. Adamson
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	8094-PA01

I hereby appoint:

- ☐ Practitioners at Customer Number  OR
☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Neil F. Martin	23,088
John L. Haller	27,795
James W. McClain	24,536
Katherine Proctor	31,468

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

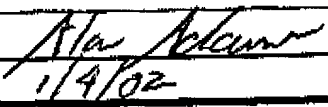
- ☐ The above-mentioned Customer Number.
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Katherine Proctor				
Address	Brown, Martin, Haller & McClain, LLP				
Address	1660 Union Street				
City	San Diego	State	CA	Zip	92101-2926
Country	U.S.A.				
Telephone	(619) 238-0999	Fax	(619) 238-0062		

I am the:

- ☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Alan D. Adamson
Signature	
Date	1/4/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

204010-1896007

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PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Alan D. Adamson
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	8094-PA01

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:Place Customer
Number Bar Code
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Name	Registration Number
Neil F. Martin	23,088
John L. Haller	27,795
James W. McClain	24,536
Katherine Proctor	31,468

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☒ Firm or
Individual Name

Katherine Proctor

Address

Brown, Martin, Haller & McClain, LLP

Address

1660 Union Street

City

San Diego

State

CA

Zip

92101-2926

Country

U.S.A.

Telephone

(619) 238-0999

Fax

(619) 238-0062

I am the:

☒ Applicant/Inventor.
☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name

Robert M. Davidson

Signature

Date

1/4/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Alan D. Adamson
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	8094-PA01

I hereby appoint:

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☒ Practitioner(s) named below:

Name	Registration Number
Neil F. Martin	23,088
John L. Haller	27,795
James W. McClain	24,536
Katherine Proctor	31,468

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☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Katherine Proctor			
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City	San Diego	State	CA	Zip 92101-2926
Country	U.S.A.			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name John D. Turner

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

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